Partnerships *for* Better Health

a Self-Care Pilot Project

FINAL EVALUATION REPORT

MAY 2000

BRITISH COLUMBIA
Ministry of Health and
Ministry Responsible for Seniors

Capital Health Region
Building Partnerships for Better Health

Canadian Cataloguing in Publication Data
Mullett, Jennifer, 1946-
Partnerships for better health : a selfcare pilot project

Written by: Jennifer Mullet. Cf. Verso of t.p.
Co-published by Capital Health Region.
ISBN 0-7726-4258-3

1. Selfcare, Health - British Columbia - Victoria. 2.
Health education - British Columbia – Victoria - Evaluation.
I. British Columbia. Ministry of Health and Ministry
Responsible for Seniors. II. Capital Health Region (B.C.)
III. Title.

RA776.95.M84 2000 613
C00-960187-2

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Authored by:

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Executive Summary

Background

The Partnerships for Better Health program was a two year selfcare project sponsored by the Ministry of Health, Medical Services Plan and the Capital Health Region (CHR) of British Columbia. The intent of the project was to pilot test the efficacy of providing a sample of the population with selfcare resources and to gather information that would be helpful in implementing a larger scale program. To this end, the evaluation framework included a number of methods and an iterative process so that each period of testing would provide information that would guide the subsequent stage.

The intervention consisted of a selfcare book (Healthwise Handbook) that contained detailed health information, a telephone information/support line (Health Support Line) and a newsletter distributed every few months that provided information on seasonal health problems. The project was managed by Mark Collison of the Ministry of Health and Andrew Hume from the Capital Health Region. Tom Fulton of the Capital Health Region had the responsibility for developing, implementing and maintaining the training program for the nurses who answered the telephone line.

The objectives of the project were:

- To expand participants' health care knowledge base;
- To enhance participants' confidence and their ability to make health care decisions appropriate in managing common health problems without any adverse effects;
- To enable participants to be more active in discussing and deciding on health care options with their care providers; and
- To reduce costs associated with the utilization of health services through the enhanced application of selfcare strategies.

Findings

There were a number of interesting findings from the pilot as well as useful information to direct future implementation of selfcare strategies.

- The handbook provided information that was easy to read and straightforward instructions that participants in great numbers utilized for treating minor time limited health issues and engaging in preventative exercises.
- The number of participants who intended to engage in selfcare increased consistently every month as a result of calling the Health Support Line. Presumably increased access to this service would result in increased selfcare.
- Participants reported that they now are more engaged in discussions with their physicians and prepare a list of questions for their visits to their physicians.
- The Healthwise Handbook was extremely well received. Participants who had the book shared the knowledge with their neighbours and friends; teachers used it in their class rooms; families made it part of their first aid kits and the Ministry received thousands of requests from individuals and organizations wishing to purchase it.

Valuable lessons for future implementation

- Participants suggested that we advertise the qualifications of the Health Support Line nurses in order to distinguish them from an answering service.

- The value that participants attach to the validation that their physicians provide, suggests that greater involvement of physicians in either distributing the handbook or endorsing selfcare by some other means would increase the probability of some participants engaging in selfcare.

- Some participants visited their doctor after their health issue was dealt with to update him/her on their health status. This suggests the need for innovative strategies for keeping a health record.

- Some participants visited their physician for reassurance that they did the right thing in their selfcare treatment while those who called the Health Support Line appeared to receive this validation from the Health Support Line nurses.

Recommendations

- It is the consensus of the Committee that the selfcare program should be implemented on a provincial basis.

- Innovative strategies to address the visits to physicians by some participants for validation, reassurance and updating of personal health histories need to be developed.

- More physician support is needed in order to promote the value of selfcare.

- Consideration should be given as to how to promote the unique service of the Health Support Line and the special qualifications of the nurse specialists.

- In order to realize similar results as the pilot, further implementation should continue the strategy of an integrated program of selfcare resources.

- Consider augmenting the existing materials with natural and alternative approaches.

- For a provincial implementation, provincial standards need to be established with attention being paid to regional responsiveness and differences.

- In order to realize the same success as the pilot project, future implementation should incorporate specialized training, perhaps a certification process, for the nurse specialists who answer a health support line.

Conclusion

It is the consensus of the Evaluation Committee that the pilot project has demonstrated the efficacy of providing a program of selfcare resources for increasing health care knowledge, increasing participants' confidence to manage common health care problems, enhancing the discussions between participants and their physicians and reducing the costs associated with utilization of health services.

Partnerships for Better Health – A SelfCare Pilot Project Evaluation

Selfcare, now recognized as a vital part of health care, incorporates a focus on patient choice with a potential to alleviate economic pressures on health care resources. Early in 1993, physicians in British Columbia suggested the need for greater involvement of the public in the health system and a more informed consumer. The number of consumers preferring a more democratic relationship with their care providers has, in fact, increased substantially since the 1970's (Ferguson, 1992). More clients want to feel that care is within their control and that they are included in decisions regarding therapeutic interventions (Greenfield, Kaplan and Ware, 1985).

Analogous to the "Blue Box" strategy used to encourage recycling, the resources provided by the Partnerships for Better Health pilot project have been enthusiastically received by the public and have successfully contributed to the evolution of a new consumer by increasing participants' knowledge about health, their capacity to act and make choices, and, their confidence in being able to handle health problems successfully on their own. Results from both qualitative and quantitative measures indicate that selfcare resources can decrease utilization of medical services.

Introduction

Partnerships for Better Health was a two-year selfcare pilot project sponsored by the Ministry of Health, Medical Services Plan (MSP) and the Capital Health Region (CHR) of British Columbia.

Based on the philosophy of supporting people to take care of simple health concerns themselves and the success of similar initiatives in the United States, the pilot project was designed to test the efficacy of selfcare resources to enhance individuals' selfcare skills and and to gather information that would be helpful in implementing a larger scale program. The evaluation employed a number of methods to determine whether or not people liked and used the provided resources and with what results.

Background

Selfcare is defined by Dean (1986) as:

"the range of activities individuals undertake to enhance health, prevent disease, evaluate symptoms and restore health. These activities are undertaken by lay people on their own behalf, either separately or in participation with professionals. Selfcare includes decisions to do nothing, self-determined actions to promote health or treat illness, and decisions to seek advice in lay, professional and alternative care networks, as well as evaluation of and decisions regarding action based on that advice." (p. 82)

In November of 1997, 11,714 households in the Capital Health Region of Victoria were sent a selfcare book that contained detailed health information and the telephone number of a telephone information/support line (Health Support Line) where they could talk to a nurse about any health concerns. A newsletter, distributed every few months, provided information on common and seasonal health problems. The Partnerships project was an integrated program with each of three components intended to contribute to the enhancement of participants' knowledge and confidence in handling health issues. In addition to traditional telephone triage, the Health Support Line focused on providing health information to callers and used a collaborative style that enabled participants to make decisions about their own health care needs.

Literature

As selfcare initiatives of this magnitude and comprehensiveness are still quite rare, there is neither a comprehensive individual study nor a coherent cumulative body of knowledge on selfcare that we can refer to for context. One reason for the lack of available research is the focus on telephone triage rather than selfcare. Selfcare is a more inclusive concept based on the ideology of supporting patients in making their own wise decisions rather than offering an alternative decision-maker. Initial research studies conducted in the United States, England and Quebec have shown encouraging results in the reduction of physician visits for specific time-limited acute symptoms (e.g. coughs, stomach pain, back complaints, nasal congestion, etc).(Elsenhans, Marquardt, & Bledsoe, 1995; Fries, Koop, Beadle, Cooper, England, Greaves, Sokolov & Wright, 1994; Kemper, 1982; Lorig, Kraines, Brown, & Richardson, 1985; Vickery, Golaszewski, Wright & Kalmer, 1988). In addition, the more engaged and informed an individual is with respect to making health decisions, the more likely the individual is to make appropriate and timely choices in seeking care and the more likely he/she is to choose less invasive treatment such as surgery (Vickery, Golaszewski, Wright & Kalmer, 1988; Wagner, Barrett, Barry, Barlow & Fowler, 1995). However, most studies have focussed on implementation issues such as access, variations between sites and evidence of adverse clinical effects (Munro, Nicholl, O'Caithain, & Knowles, 1998). Others employed a less extensive evaluation design relying predominantly on one method, such as questionnaires, interviews or pretests to measure attitudes towards and satisfaction with a telecare line.

Evaluation

In order to be confident that any change in behaviour or knowledge was due to the selfcare project itself, and not some other factor, a number of methods were used to assess whether or not the objectives of the project were met. This is referred to as triangulation. The various methods converge on the same evaluation questions. The methods included questionnaires, telephone interviews, participant selfcare diaries, Health Support Line data and Medical Services Plan utilization data. The multiple methods and repetition of interviews and questionnaires allowed us to be in contact with participants every six months profiling the project and its components on a regular basis.

A large project of this nature and duration creates difficulties with control and rigour and requires a flexibility in the methodology. On the other hand, the length of time (two years) allowed the methodology to approximate the iterative cycles characteristic of action research, that is, the results from each intervention or (method) informed the subsequent phase of the research by revealing areas where more information was required.

Overview of Evaluation Methods

The evaluation components are both an intervention (that is, a method of raising awareness) and an evaluation of progress towards the goal of altering individuals' selfcare behaviours. Based on the classic principles of action research (Lewin, 1946, McTaggart,1997) each evaluation component represented a stage in the learning process and each subsequent stage built on the knowledge gained in an iterative progression. For example, the telephone interviews addressed issues raised by the results of the first questionnaire, the second telephone interview addressed issues raised by the diary.

The following methods were employed in evaluating the selfcare intervention. The objectives addressed the methods and rationale for their use and are expanded in the Evaluation Framework and Work Plan. The first three methods are listed in descending order of sample size.

Participant Questionnaires (survey)

Questionnaires were mailed to 2,000 randomly selected participants one month after receipt of the Healthwise Handbook and 12 months later to measure changes in selfcare behaviours, interactions with health care providers, and positive/negative impacts of using the selfcare Healthwise Handbook and telephone line. The return rate for the first survey was 37% of the total deliverable questionnaires (1,977) or 741 questionnaires. Sixteen questionnaires were delayed due to a pre-Christmas postal strike and were thus not included in the original analysis but were included in the second survey, thus the sample size for the second 12 month questionnaire (those who had participated in the first survey) was 757. The return rate (based on 706 deliverable questionnaires) was 428 or 61%. A third questionnaire was sent to 699 participants who had participated in the first survey. Two hundred and forty-four or 35% of the questionnaires were returned.

Participant Telephone Interviews

At six months, another sample of 350 participants not included in the mail survey was randomly selected for telephone interviews. The purpose of the interviews was to obtain a more in-depth look at health care decision-making with respect to practising selfcare, seeking professional care, and discussing and deciding on health care options with professional care providers. A final telephone interview conducted at eighteen months with the same participants followed up on any changes in attitudes towards selfcare, whether or not participants were continuing to use the resources and to explore issues of utilization that would provide evidence for decisions regarding further implementation of the initiative. A supplementary interview explored participants' familiarity with the selfcare resources, that is, the Healthwise Handbook, the Health Support Line and the newsletter

Participant SelfCare Diaries

Reply cards were included with the Healthwise Handbook asking participants to volunteer to keep a diary of their health issues for a year. The incentive of an additional free Healthwise Handbook at the end of a year and the return of the diary for their family records was provided. Five hundred and seven participants were sent a diary but some of these participants later moved out of the area. At the end of the year, the remaining 479 participants were asked to return their diaries. One hundred and eighty-eight diaries were re-turned (39%).

Participants recorded selfcare and care-seeking activities for up to twenty health issues over a one year period. This provided in-depth information on their experience of the decision-making process and factors affecting their health care behaviours. A qualitative analysis was conducted on diaries that contained health issues and a signed consent. A total of 153 health diaries were analysed (30%). In the 153 health diaries there were 812 health issues recorded.

Health Support Line Data

Access to the Health Support Line was provided to all those who received a Healthwise Healthwise Handbook through the project. Three other groups were subsequently given the choice of access: 450 foster families within the geographical region of the project; those calling hospital emergency rooms within the region; and approximately 25,000 residents of the Southern Gulf Islands (to help address access issues).

Callers to hospital Emergency rooms were "referred" to the Health Support Line if they needed help deciding whether or not they needed emergency services. The Registered Nurses who staff the Health Support line recorded the origin of the call (e.g. emergency room referral), the nature of the complaint, initial intentions of the callers and their subsequent decisions. In the first 12 months of the project the nurses handled a total of 1,634 calls. The majority of these calls were from the emergency room referrals (1,093). Nurses also conducted 880 follow-up calls to ascertain if the health issue had been resolved. In addition, the origin (e.g. emergency room referral) of the call was tracked.

MSP Utilization Data

Multiple measures of MSP billings were taken at three-month intervals over five years (1992-1997) previous to and in the first year (1998) during the intervention. Using a comparison sample (Okanagan-Similkameen) and looking at historical data ensured that secular trends (historical differences) and other variables are accounted for. The CHR sample was also compared to the total CHR population.

Data collected included MSP billings for General Practitioner office visits and non-urgent emergency room visits. These items were considered to be the ones that would most likely be initiated by the patient and would, therefore, include potentially avoidable services. Due to the difficulty in obtaining accurate data for non-urgent emergency room visits through the hospitals*, a proxy measurement was taken using MSP physician billings for Level 1 Emergency Care fee items.

*Difficulties in obtaining accurate hospital data were due to (1) manual records only for patients presenting but not being admitted to hospital would make data entry and analysis too cumbersome; and (2) data for hospital emergency services submitted to the Ministry of Health are patient accounts only, and provide no personal identifier (PHN) unless the patient is admitted to the hospital. We would, therefore, be unable to determine ER services attributable to the sample from the rest of the CHR population.

Table 1: Methods, dates when administered and number of respondents

Table 1 lists the methods, the number of participants surveyed by each of the methods, the return rates and the dates that each method was executed. Note that the table indicates three questionnaires were sent to participants however only the results for two are reported. The results for the third questionnaire are somewhat confusing and difficult to interpret. Trends noted in the second questionnaire that were consistent with the results of the other measures are contradicted. For example, results of the second questionnaire indicated participants were more likely to use books or reference materials for information whereas in the third they reported that they were more likely to use television or radio. Participants in the third questionnaire reported an increase in visits to the doctor (especially for those with chronic conditions) and were more likely to say that their doctor makes decisions about their care as well as indicating less confidence in their ability to selfcare.

METHOD	NOV 1997	JUNE 1998	NOVEMBER 1998	JUNE 1999	NOVEMBER 1999
Mail Questionnaire	2000 participants chosen at random; 757 returned		757 mailed to participants who returned 1st survey 428 returnded		699 mailed to participants who had returned 1st & 2nd survey; 244 returned
Telephone Interviews		350 participants chosen at random		259 same participants as June 1998	
Diary	Diaries mailed to those who filled out card included with book (507)		153 diaries suitable for analysis		
Telephone Interview re: Newsletter		200 participants chosen at random			
Health Support Line Data			Daily statistics compiled in year-end report		Daily statistics compiled in year-end report
Medical Services Plan data	Samples selected; Baseline measures established		First year data analyzed		Second year data analyzed

One explanation for these apparent contradictory results is the over-representation of those over 75 years of age. This group accounts for 37% of respondents. For all other data sources at all points of contact the percentage of respondents over 75 years of age is between 12% and 14%, almost identical to the 13% that constitute the CHR sample and the CHR population. Furthermore, the results from the first questionnaire indicated that those participants who were over 55 years of age were more likely to want a health professional's opinion. In addition, approximately 50% of the respondents appear to be different individuals than the respondents who originally completed the first and second questionnaires. Thus any conclusions about individual changes in attitude and behaviour would be spurious.

Evaluation Objectives

The Evaluation Committee, (the authors of this report), representing a broad range of health professionals, guided the evaluation design and directed the evaluation activities. The evaluation question, expressed broadly, attempted to answer the question: "Did the selfcare intervention have an effect on selfcare attitudes, knowledge and behaviour sufficient to influence participants' utilization of medical services?"

Specifically the evaluation was designed to assess whether or not the following objectives were met:

- To expand participants' health care knowledge;
- To enhance participants' confidence and their ability to make health care decisions appropriate in managing common health problems without any adverse effects;
- To enable participants to be more active in discussing and deciding on health care options with their care providers; and
- To reduce the costs associated with the utilization of health services.

Results

Although four distinct methods were used to collect the following data with different participants, the results for each objective were very consistent. Each method produced data that reinforced, expanded or validated the information gathered by the other methods. The questions were asked in a variety of ways yet the data for each objective converged on a single answer.

Objective 1:

To expand participants' health care knowledge base.

Reading the Healthwise Handbook or calling the Health Support Line for information on a specific health problem or issue is an indication of a desire to learn more about that issue. Use of the Healthwise Handbook or Health Support Line for this purpose may thus be interpreted as contributing to increased health care knowledge. Results indicate that the Healthwise Handbook and the Health Support Line have been very instrumental in increasing participants' health care knowledge.

I refer to it (the handbook) quite often and I have learned much about food health habits (diet, activity, reducing stress and minor treatments). We are adjusting our daily routine accordingly.

•••

I feel more knowledgeable and more responsible for my family now.

•••

Looking up a rash, we ended up treating it with baking soda, as it turned out it was not as serious as we thought it would be.

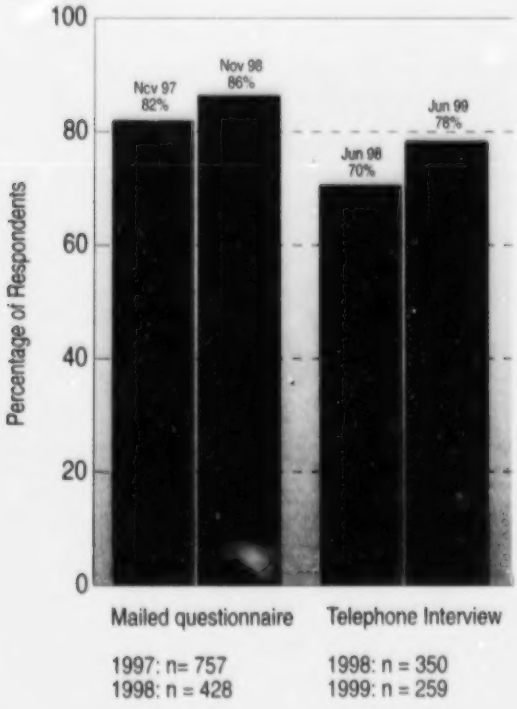
•••

Your section on coughs is very helpful. It really describes the different types of coughs and how to handle them.

•••

I read the whole book through, and found the information very useful. I specificaly enjoyed the section on nutrition for elderly people. Refreshed me on things that I should be doing.

Figure 1: Readership of Healthwise Handbook



Each of three measures, the questionnaires, the telephone survey and the diaries indicated approximately 80% of the participants had read or used the Healthwise Handbook to look up specific topics or health issues. In addition, some participants reported that they had read the book thoroughly or browsed through it on a regular basis.

The majority of callers to the Health Support Line were seeking information on how to handle a specific issue; others were calling for general information. Those participants who chose to handle the health issue through selfcare – in particular those who had originally intended to visit a physician or go to emergency services – can be said to have increased their knowledge of selfcare. Participants used the Healthwise Handbook to treat some health issues at home and at other times to recognize when it was time to seek help from a health professional. Awareness and use of the Health Support Line were lower than awareness of and use of the Healthwise Handbook.Consistent criticisms of the resources were that more information on complementary/alternative therapies and details of chronic conditions should be included.

Figure 1 indicates the steady readership of the Healthwise Handbook reported by participants in the questionnaires. The Healthwise Handbook continued to be read actively and there did not appear to be a novelty effect.

I like the Handbook. It changes the way I treat minor problems. I used to put hydrogen peroxide on a cut, but I won't now. Also there is no real need to bandage cuts.

•••

When you have kids, it is very helpful. I used to take my daughter to emergency for her migraine headaches, now I just follow the Book.

•••

I've used it several times, and read people information over the phone. I find it very well written, and it answers questions that come up when you can't find anybody to help, especially in the middle of the night.

•••

I felt I was in more control when I had the book. I felt I could make a sound judgment about what was going on and when I really needed to seek help from the doctor.

Objective 2:

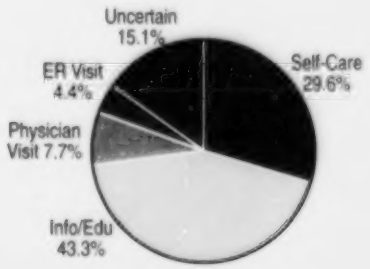
To enhance individuals' confidence and ability to make health care decisions

Enhanced confidence and ability to make health decisions is a more difficult concept to appraise than knowledge; however, as indicated in the diaries it is this very concept, that is, how confident people feel, that determines whether or not they will seek a physician's advice. The project appears to have had a significant effect on enhancing individuals' confidence and ability to make health decisions. All of the methods indicated an expanded confidence and ability to deal with some health issues on the part of participants. The questionnaire and the telephone survey addressed this directly whereas the diary participants spontaneously volunteered the information that they felt more confident. In addition, we can infer from the Health Support Line data that the participants who called the line felt more confident about dealing with the issue themselves.

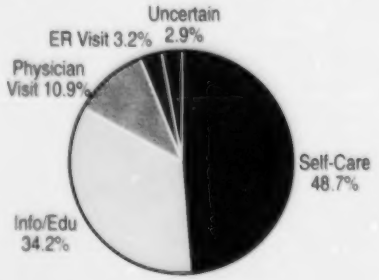
In the telephone interviews 86% of participants in 1999 and 86% in 1998 said they felt good or confident about the way they handled their health issue after looking it up in the Healthwise Handbook.

Figure 2: Health Support Line

Initial Intent of Caller (Project Group)



Disposition after Call (Project Group)



As the above graph indicates, 15.1% of callers said they were uncertain as to what to do when they called the Health Support Line. After talking with the nurse this number decreased at the end of the call to 2.9 %. We can thus assume that 12.2 % of the callers felt more confident as to how to handle their health issue. Also the most commonly cited reason for visiting a physician was for reassurance. It appears that the Health Support Line provided callers with the reassurance they needed to be sure they handled a health issue properly.

Note that the 29.6% of callers who initially said that they intended to look after the problem themselves through selfcare increased to 48.7% after talking with the Health Support Line.

A random sample of 100 participants were called back in the summer of 1998 to see if they followed through on their stated intentions. Eighty-four percent of callers followed through. In December of 1999 another 100 participants were called back with 82.5% congruence in intentions and behaviour, in contrast to studies in the US where "compliance" is on average 60%.

I read the book cover to cover, found it very informative, easy to read and no-nonsense. The book and the program made me feel the institutions out there really care. This program places much of the responsibility and handling of family plans squarely in my hands, while at the same time giving me the support I need to make wise, timely decisions.

•••

The information made sense and relieved a lot of the anxiety I was having.

Objective 3:

To enable individuals to be more active in discussing and deciding on health care options with his/her health care provider.

In the two methods that dealt with this directly, the telephone interview and the questionnaire, participants reported that they are now more active in discussions with their physicians. Changes included: preparing a list of questions, asking more questions and asking for clarification if information is not comprehended, and, having a clearer understanding of the progression of disease or illnesses. In the diary, this question was not asked directly of participants yet the appended comments indicated a common theme of participants being more actively involved in discussions with health professionals in a relationship that could be described as collaborative.

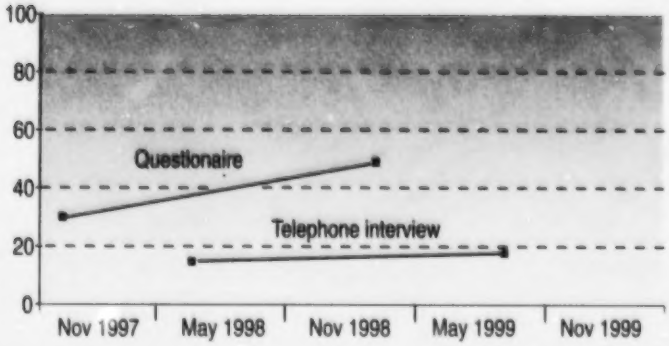


Figure 3: Respondents who reported preparing written questions before visiting the doctor

Note: Change in percentage of respondents preparing written questions before visiting the doctor is statistically significant.

Figure 3 shows that the percentage of respondents who indicated that they prepare written questions before visiting their doctor has increased substantially, from 30% to 49%, over the term of the project.

Indications from the diaries that the Healthwise Handbook had influenced how participants dealt with their health issues included the following:

Participants wrote that they felt they had a greater sense of control and choice of strategies for dealing with health issues.

They used the Healthwise Handbook to become more familiar with the progress and consequences of certain health problems.

The Healthwise Handbook improved participants' ability to talk with family, friends and their doctor about health issues.

I feel better informed and have a better understanding. I can ask my doctor questions about symptoms of pain in my knee and know what questions to ask. (Telephone interview)

▪▪▪

The Healthwise approach of observing the problem and recording what is happening on the doctor checklist has been helpful in discussing things later. (Telephone Interview)

▪▪▪

It helps if I read it before I go to the doctor. It takes less time once I get there if I know a bit about what I want to ask. (Telephone Interview)

▪▪▪

It has been helpful in having more information before seeing the doctor, better knowledge to talk with him about it. (Telephone Interview)

▪▪▪

I am able to answer more questions from him, as well as being able to ask more informed questions such as about possible side effects. (Telephone Interview)

▪▪▪

Was a scary issue [wanted to change doctors]. Shouldn't be but I'm afraid we as a society are taught to be passive with doctors. Your section on "the wise medical consumer" was great. (Diary)

Objective 4:

To reduce costs associated with the utilization of health services.

Overview

The qualitative measures and the data from the Health Support Line indicated a decrease in intended emergency room and physician visits. Explanations for this decrease must normally be extrapolated, however, in the diaries and the Health Support Line data it is clear that the information provided by either the Healthwise Handbook or the Health Support Line influenced a decision to either handle the situation themselves or to wait and visit their physician rather than go to the emergency room for treatment. Also, it appears that the Healthwise Handbook and the Health Support Line have been instrumental in informing participants when it is appropriate to see the doctor or go to the hospital Emergency.

In the 1998 telephone interview, of the 73 respondents who looked up a specific health issue, 44% found that they had to visit the doctor, 42% tried suggestions from the Healthwise Handbook and 22% said they treated it themselves (total greater than 100% as some answered in more than one category). In 1999, only 29% had to visit the doctor, while 44% tried suggestions from the Healthwise Handbook and 19% treated the health issue on their own (Figure 4).

Diary

Of the 584 health issues for which the participants reported using the Healthwise Handbook or the Health Support Line, 358 health issues were handled by the participants on their own. This means that 61% of health issues were managed with selfcare. In 226 (39%) of the issues, the participant visited a general practitioner, a specialist, a clinic or an emergency room. For 116 (51%) of those visits to medical services the visit resulted in further medical treatment or prescription drugs were prescribed. In 50 (22%) of the visits to medical services no other treatment or medication resulted. In 60 (27%) of the visits participants did not record any further details. This data is depicted in Figure 5.

The 50 visits that did not require intervention were puzzling. This data was followed up by adding questions to the next telephone interview to try and elucidate the reasons for these visits.

Figure 4: Treatment Decisions (reported in telephone interviews – 1998 & 1999)

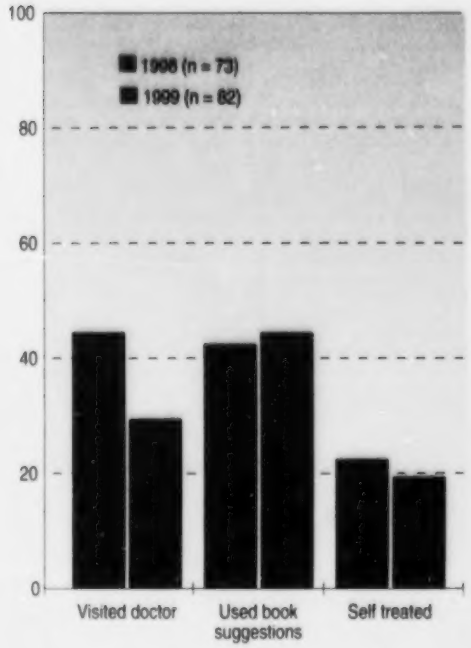
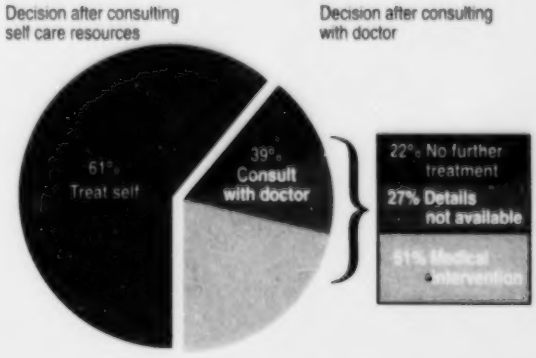


Figure 5: Treatment decisions before and after consulting doctor



The following example from the health diary provides an illustration of how one anxious mother of three children utilized the selfcare resources, the Healthwise Handbook and the Health Support Line to deal with a situation that might otherwise have warranted either an emergency room visit, a physician visit or both. The excerpt allows us to witness the anxiety of a mother with a sick child, the support and comfort she receives and the confidence she feels in having done the right thing for her child.

Date: *April 22*

Health issue:
Possible development of chicken pox in baby.

What did you do first?
Thought back to previous symptoms – cold, cough, fever, sleepy, wanting to be held, fussy. Started to watch for further development of spots (found 1 or 2 initially).

What did you do next?
Watched for more signs of spots. Gave warm bath. Watched for signs of fever, cold symptoms.

Did you use the health Healthwise Handbook to read about your health issue?
Yes. Confirmed symptoms, helpful. April 23 reread the material and realized it didn't give a description of "frequent vomiting".

Did you call the Health Support Line?
The next night (April 23) called – found the nurse to be very helpful and informative as to what to do about the vomiting. Was also appreciative of being able to call back if needed to.

Did you find information or get assistance from other sources?
Yes. Family friends who had gone thru [sic] chicken pox with their kids.

What did you do next to resolve your health issue?
Monitored baby overnight; situation improved; watched closely the next day and continued with instructions from nurse.

Overall, how do you feel about your ability to handle your health issue?
With the help from the nurse, fine. I felt it wasn't necessary to take the child to emergency or a clinic as long as I had some idea of what to do, look for, watch for, etc and feel comfortable in knowing it was the right thing to do.

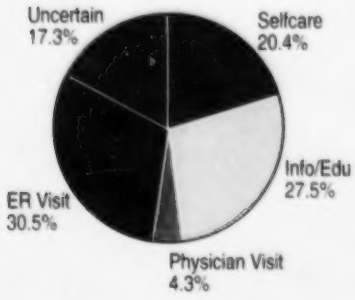
Health Support Line

Part way through the project an unexpected demand on hsopital emergency services created high, sustained wait times. The CHR availed itself of the opportunity to use the services of the Health Support Line to help alleviate the situation. Nurses at the region's hospital emergency departments referred people calling, who were unsure what to do, to the nurses on the Health Support Line for assistance. Two other groups were also given the Health Support Line telephone number: residents of the Southern Gulf Islands to address access issues; and foster parents to assist them in caring for the children in their charge.

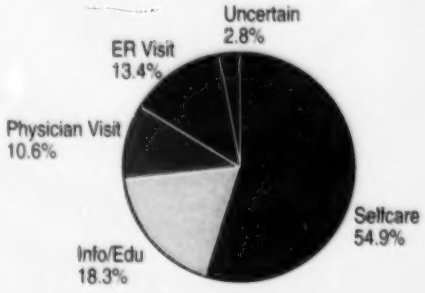
When the referrals from the Emergency Room and other callers are added to the participants, the decrease in intent to visit the Emergency Room is 17.1% (from 30.5% to 13.4%). On average, those who intended to visit their physician increased from 4.3% to 10.6%. This increase can be primarily attributed to "Emergency Room" referrals whose health status would likely deteriorate over the next few days warranting a physician office visit. See Figure 6 for the disposition of calls.

Figure 6: Health Support Line Data (including ER Referrals)

Initial Caller Intent



Disposition after call



MSP Utilization Data

Generally, utilization of physician and emergency room services for the CHR sample showed the same pattern as the rest of the CHR and the Okanagan comparison group. The CHR sample showed a slightly more pronounced downward trend in utilization for emergency room services for time-limited acute symptoms than the comparison groups, but this decline was not significantly different from what was projected had there been no selfcare project. The comparison between the Okanagan sample and the Okanagan population was not meaningful and these two were collapsed into the one comparison group.

Physician Office Visits

- Between 1993 and 1997, there was a steady upward trend in utilization which peaked in 1997 and then levelled off in 1998 and 1999.
- This trend was observed in all comparison groups, and the CHR sample did not differ from the comparison groups.
- Utilization rates have remained higher in the CHR than in the Okanagan. In 1998 and 1999, there were 3.8 services per capita in the CHR, compared to 3.6 in the Okanagan.

Physician Office Visits, Time-Limited Acute Disease Symptoms (TLAS)

- TLAS accounted for approximately one-quarter of all physician office visits.
- Time trends paralleled those for physician visits overall; that is, an increase in utilization rates between 1993 and 1997, with rates declining in 1998 and then levelling off in 1999. Thus, during the pilot project time period, actual utilization was lower than what would have been expected, had the previous rising trend continued.
- The pattern shown in Figure 1 - a decline and levelling off over the two years of the project was observed in all comparison groups.

Non-Urgent Emergency Care Services

- The number of non-urgent emergency care services was much smaller than the number of physician office visits. In 1998, the CHR sample had 1,448 non-urgent care emergency services, compared to 74,828 physician office visits.
- Non-urgent emergency services had been declining and continued to decline during the project.
- The decline in the CHR sample was slightly greater than the projected decline in utilization for this group.
- Non-urgent emergency services showed a greater decrease than physician visits from 1997 to 1999. About one in every 13 people in the CHR sample group visited the hospital emergency department for non-urgent care in 1997. By 1999, the rate had dropped to one in every 15 people.
- The decline in utilization in the comparison groups was similar to that of the CHR sample over the two years of the project.

Non-Urgent Emergency Care Services, Time-limited Acute Symptoms (TLAS)

- TLAS accounted for approximately one-third of all non-urgent emergency care services.
- The decline in the utilization rate for the CHR project group did not differ significantly from the projected rate (based on the downward trend over the previous five years) had there been no selfcare intervention.
- The CHR sample and the comparison groups showed a somewhat steady downward trend in utilization from 1993 to 1997, and this trend continued in 1998 and 1999. The CHR sample's downward trend was somewhat more pronounced than the other groups (see Figure 7).
- Since non-urgent services for TLAS account for a relatively small volume of services, the decline had little impact on the overall utilization rate for physician services.

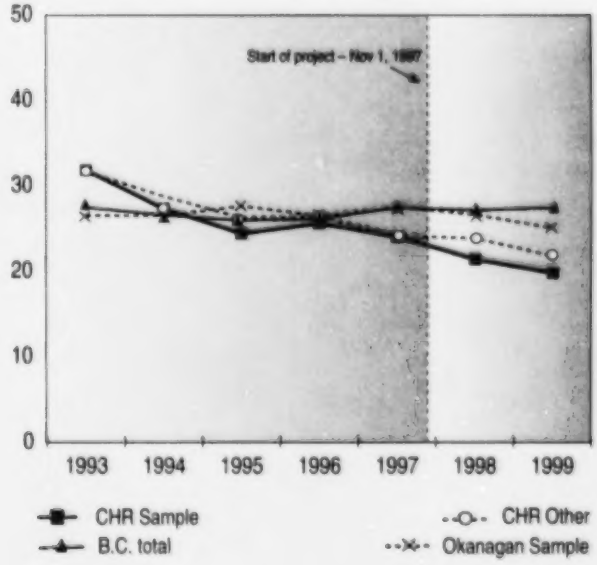
Summary of MSP Utilization Data Results

During the two years of the selfcare pilot project, the use of hospital emergency services declined among project participants. When this decline is compared against the downward trend evident in the previous five years for the CHR sample, the decline was not significantly different than what would have been expected in the absence of the project, nor did it differ from the utilization trends in the comparison groups. However, the data does support the qualitative descriptions given by the participants that they were influenced by the selfcare project in their reduced use of non urgent emergency services.

While selfcare projects in the United States have shown more significant decreases - between 10% and 15% in the use of General Practice and hospital emergency medical services, these projects tended to be community-wide and to involve physicians and other health professionals in actively promoting and reinforcing the value and use of selfcare resources.

Figure 7: Non-urgent Emergency Visits, Time-limited Acute Symptoms, Before (1993 – 1997) and During selfcare project (1998 & 1999)

Fee Items 1811, 1821, 1831, 1841



Due to the small portion of the CHR community participating in the MSP/CHR pilot project (only 7% of population), it was impossible to include a population-based awareness campaign or to effectively engage the support of medical practitioners in promoting use of the Healthwise Handbook and Health Support line with their patients. Without the ability to promote or reinforce the project interventions, it was difficult to demonstrate significant reductions in utilization rates. [Note: We were unable to advertise the program to the whole population as it would have compromised the pilot research]. We believe that a community-wide pilot project would be the ideal way to fully evaluate this type of selfcare intervention.

Other Data

Telephone Interview on the Readership of the Newsletter

A total of 56% of respondents or other members of respondent households had read the newsletters. Four out of five participants who had read the newsletter found it helpful. Some thought it served to remind them to use the Healthwise Handbook while others used the seasonal tips and other specific information provided in the newsletter. Participants offered constructive comments as to other information they would like to see included in the Healthwise Handbook and for which types of issues they found the material in the Healthwise Handbook either useful or vague.

Discussion

It was useful and I guess just by making me more aware of what is available in the Book. I have used the Book quite a bit. I am a school teacher, so I have used the Book for things that have come up in my class as well as with my family.

•••

I liked the focus on prevention. It's a proactive approach, and I like that. I just felt better informed.

•••

My mother suffers from asthma and osteoporosis and the latest issue covered both of these.

•••

I thought it was interesting. I like the possibility of being informed. I read about the skin as we work out in the sun all the time. I thought it was useful and interesting information.

- The pilot has "tested the waters" with the public with regard to providing selfcare materials and resources. The majority of participants were very receptive to the project.
- The Healthwise Handbook provided information that was easy to read and straightforward instructions that participants utilized for treating minor time limited health issues and engaging in preventative exercises.
- Participants reported a high readership of the materials, increased confidence in dealing with health issues, more involvement in discussions with physicians and intentions to deal with minor, time-limited health issues through selfcare.
- Consistently, these effects were indicated in the numerous quotes, survey responses, telephone interviews, diary entries and Health Support Line data.
- Access to the Health Support Line was restricted to participants in the program or to those referred from hospital emergency departments and two other small groups. Wholesale advertisement of the Health Support Line was not possible. This limitation may have unduly effected the number of calls received by the nurses. The number of calls was on average 6 to15 per shift but nurses also provided a call back service, a service that participants said they really appreciated and found reassuring. Call volumes increased with seasonally related problems (e.g. influenza) and when physicians were not available due to the reduced activity days (RADS).
- The number of participants who intended to engage in selfcare increased as a result of the call, therefore increased access to this service would presumably result in increased selfcare and more appropriate use of health services and more informed decision-making.
- For a minority of participants the information was too basic and not detailed enough. A consistent criticism of the Healthwise Handbook was the lack of alternative or complementary references and the lack of details for specific chronic conditions.
- The project does not appear to be realizing the same results with regard to physician visits as similar projects in the United States. In addition, it has been difficult to get physicians involved in the evaluation. Greater involvement of medical professionals such as physicians and public health nurses in future implementation of the project may help to fill this gap.

Areas that require greater attention:

Data from the diaries indicated that where participants visited a general clinic or hospital emergency room for help with their health issue, 22% received no further treatment or prescription beyond what they had done themselves. In these cases, the purpose of the visit is unknown.

It's so handy to go to a walk-in clinic if it's a weekend, but you still want your doctor to be informed about what you are doing.

•••

Reassurance that everything is okay. I think sometimes it is more of a social issue than a health issue.

As a follow up in the telephone interview, participants were asked why some participants still chose to visit their family doctor after the health issue was taken care of either by themselves or at a clinic. Nearly half of the respondents said that participants are most likely going for reassurance, to be sure they are cured and that they did the right thing. The next most common answer (7%) was that participants were going to update their doctor.

In the telephone interview, respondents were asked why some people did not call the Health Support Line. The most common reasons were that people prefer a face-to- face encounter, fear a lack of confidentiality, and most were not aware of the qualifications of the nurses.

Summary

The results in this project to date indicate that the information-based intervention, Partnerships for Better Health, has had an impact on individuals' selfcare behaviours so that they were able to manage common health problems for themselves and participate more actively in informed decision-making with their health care provider.

Although this was a comprehensive study, there were limitations as to what could be achieved due to the structure of the health system and the size of the pilot area. It was not possible for financial reasons to deliver the Healthwise Handbook to the whole community and use of the Health Support Line had to be restricted to participants who had received the Healthwise Handbook. This amounted to 7% of the population in contrast to studies done in the U.S. where whole communities or the entire practice of an HMO were targeted. On the other hand the project was large and extended over a two year time period making it difficult to control people coming in and going out of the area or to keep the Health Support Line number restricted purely to participants. As word of the line and the Healthwise Handbook spread, residents of the Capital Health Region called and the Health Support Line and requested the Healthwise Handbook.

It was quite common for a participant to share the knowledge from the Healthwise Handbook with their neighbours and become the local "expert" on non-urgent health issues. Teachers used the Healthwise Handbook to discuss prevention with their students, families took it on camping trips as an essential part of their first aid kit. Grandparents kept the Healthwise Handbook near the phone so that they could offer advice to anxious new parents and the Ministry of Health received thousands of requests from individuals and organizations wishing to purchase the Healthwise Handbook.

Part way through the project, Emergency Services in the regions hospitals began to refer callers who were unsure about coming to emergency to the Health Support Line. The Health Support Line nurses helped the callers come to a decision with the result that there was a steady 30% decrease each month thereafter in callers' intentions to go to emergency. Callers evidently received the reassurance they were seeking from the nurses.

Participants had several useful suggestions for future implementation of the project: For example, they suggested that more information should be publicized about the nurses and their expertise. The nurses had many years of experience that they relied on in addition to the Healthwise knowledgebase, a comprehensive software program used by nurses on the Health Support Line.

The project has: successfully increased knowledge of health issues; increased the confidence of participants to make decisions around selfcare; provided a means by which participants can be more engaged in discussions with their health professionals; and, when the results from the various methods are synthesized, appears to have effected a decrease in the utilization of medical services. The results indicate that the project realized the same, if not greater, effects as similar initiatives in the US, Britain and other provinces.

Letter from a participant

During the recent RAD [reduced activity days of doctors] dispute it was my misfortune to be suffering from shingles, which you may be aware is a very debilitating condition.

Since no medical help was available and I did not feel well enough to attend an Emergency Department and possibly suffer through a prolonged wait, I contacted the emergency crisis line which was manned by nurses [Health Support Line].

My contact nurse was most helpful and very compassionate. She spent time reassuring me and helping me with my immediate concerns.

I therefore, wish to offer my most heartfelt thanks for this service, which I am sure was very beneficial to many Victorians during this stressful period. Any support which can be extended to this group of dedicated health care workers should definitely be provided.

Recommendations

It is the consensus of the Project Evaluation Committee that the selfcare program should be implemented on a provincial basis.

Innovative strategies to address the visits to physicians by some participants for validation, reassurance and updating of personal health histories need to be developed.

More physician support is needed in order to promote the value of selfcare. Consideration should be given as to how to promote the unique service of the Health Support Line and the special qualifications of the nurse specialists.

In order to realize similar results as the pilot, further implementation should continue the strategy of an integrated program of selfcare resources.

Consider augmenting the existing materials with natural and alternative approaches.

For a provincial implementation, provincial standards need to be established with attention being paid to regional responsiveness and differences.

In order to realize the same success as the pilot project, future implementation should incorporate specialized training, perhaps a certification process, for the nurse specialists who answer a health support line.

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Appendices

APPENDIX A: MSP Utilization Data

Measures and Definitions Used to Analyze MSP Utilization Data

Data of interest for this project included (1) General Practitioner office visits and (2) non-urgent emergency room visits. These services were considered to be the ones most likely to be initiated by the patient and, therefore, most likely to include potentially avoidable services.

General Practitioner Office Visits

For General Practitioner office visits, fee items 00100 and 13100 were used. We also looked at a subset of office visits, services with ICD-9 codes associated with time-limited acute symptoms (TLAS) such as colds, influenza, back problems, headaches, skin rashes, etc. These common illnesses are covered in the Healthwise® Handbook and are considered appropriate for self treatment, and therefore open to reduced need for professional medical care.

The list of TLAS used for the evaluation was provided through the Department of Public Health and Preventative Medicine of the Oregon Health Sciences University, which is conducting the evaluation for the Healthwise Communities Project of Boise, Idaho.

Non-urgent Emergency Care

For non-urgent emergency care, fee items 01811, 01821, 01831, and 01841 were used. These are physician services billed under Level 1 Emergency Care, described in the Payment Schedule as "a level of service pertaining to the evaluation and treatment of a single condition requiring only an abbreviated history, examination, and treatment". Level 1 services capture those emergency room visits that could be considered non-urgent and consequently, most open to impact from selfcare interventions. These services were looked at overall and for the same TLAS conditions used for office visits.

Medical Services Plan claims data for the above fee items were first grouped into quarterly periods and then rolled into annual periods, based on date of service. The annual data sets were age/sex standardized (indirect method) and charted across the five-year pre-intervention and two-year intervention period for all groups.

TABLE 1

Physician Office Visits, Period Before (1993-1997) and During Self-Care Project (1998 and 1999)
Fee Items 00100 and 13100

POPULATION	CHR Sample (19,944)	CHR Other (280,443)	Okan Sample (24,675)	BC Total
NUMBER OF SERVICES				
1993	55,556	763,295	63,990	10,783,412
1994	58,457	809,001	68,136	11,264,047
1995	62,426	857,710	72,995	12,036,659
1996	66,886	914,707	77,486	12,111,409
1997	78,062	1,067,516	93,120	13,497,330
Annual average, 1993-1997	64,277	882,446	75,145	11,938,571
1998	74,621	1,029,465	87,844	14,805,642
1999	75,034	1,014,676	85,327	14,445,578
Annual Average, 1998-1999	74,828	1,022,071	86,586	14,625,610
UTILIZATION RATE (services per 1,000, age/sex standardized)				
1993	3,091.7	3,125.8	2,955.8	3,019.3
1994	3,143.4	3,186.1	3,025.1	3,059.4
1995	3,238.8	3,258.6	3,126.3	3,180.9
1996	3,355.5	3,341.8	3,185.0	3,119.9
1997	3,886.0	3,825.8	3,754.0	3,409.0
Annual average, 1993-1997	3,343.1	3,347.6	3,209.2	3,157.7
1998	3,734.3	3,768.3	3,604.5	3,692.3
1999	3,863.8	3,827.6	3,620.5	3,570.6
Annual average, 1998-1999	3,799.0	3,797.9	3,612.5	3,631.4

Physician Office Visits, Time-Limited Acute Disease Symptoms (TLAS)
Period Before (1992-1997) and During Self-Care Project (1998 and 1999)
Fee Items 00100 and 13100

POPULATION	CHR Sample (19,944)	CHR Other (280,443)	Okan Sample (24,675)	BC Total
NUMBER OF SERVICES				
1993	15,357	209,939	18,525	3,249,601
1994	15,993	219,583	19,057	3,301,298
1995	16,350	228,147	20,696	3,569,111
1996	17,369	236,633	21,567	3,479,190
1997	19,326	262,820	24,629	3,829,363
Annual average, 1993-1997	16,879	231,424	20,895	3,485,713
1998	17,862	247,491	22,967	3,984,121
1999	17,596	234,784	21,490	3,814,996
Annual average, 1998-1999	17,729	241,138	22,229	3,899,559
UTILIZATION RATE (services per 1,000, age/sex standardized)				
1993	853.9	859.3	860.0	909.9
1994	860.1	864.5	848.8	896.7
1995	848.6	866.4	890.2	943.2
1996	873.1	864.1	890.1	896.2
1997	966.4	941.1	998.7	967.2
Annual average, 1993-1997	880.4	879.1	897.5	922.6
1998	900.4	905.2	945.6	993.6
1999	912.2	884.8	917.0	943.0
Annual average, 1998-1999	906.3	895.0	931.3	968.3

Notes:
Data for each year is from Nov 1 of previous year to Oct 31 of current (labeled) year.
Source: Professional Support Branch, Medical Services Plan, March 2000.

TABLE 2

Non-Urgent Emergency Care, Period Before (1993-1997) A23 and During Self-Care Project (1998 and 1999)
Fee Items 1811, 1821, 1831,1841

POPULATION	CHR Sample (19,944)	CHR Other (280,443)	Okan Sample (24,675)	BC Total
NUMBER OF SERVICES				
1993	1,592	22,871	1,603	281,408
1994	1,517	22,234	1,687	281,891
1995	1,452	21,454	1,779	289,048
1996	1,567	22,692	1,836	302,712
1997	1,515	21,848	1,925	323,762
Annual average, 1993-1997	1,529	22,220	1,766	
1998	1,448	20,635	1,677	332,689
1999	1,251	19,206	1,619	335,428
Annual Average, 1998-1999	1,350	19,921	1,648	334,059
UTILIZATION RATE (services per 1,000, age/sex standardized)				
1993	89.7	93.4	76.0	78.8
1994	82.7	87.3	76.7	76.6
1995	76.4	81.3	77.9	74.6
1996	79.9	82.6	77.2	78.8
1997	77.2	78.0	79.5	81.8
Annual average, 1993-1997	81.2	84.5	77.5	78.1
1998	74.5	75.2	70.4	83.0
1999	65.9	72.2	70.3	82.9
Annual Average, 1998-1999	70.2	73.7	70.4	82.9

Non-Urgent Emergency Care, Time-Limited Acute Symptoms (TLAS)
Period Before (1993-1997) and During Self-Care Project (1998 & 1999)
Fee items 1811, 1821, 1831, 1841

POPULATION	CHR Sample (19,944)	CHR Other (280,443)	Okan Sample (24,675)	BC Total
NUMBER OF SERVICES				
1993	562	7,758	555	97,904
1994	498	7,329	578	97,491
1995	463	6,924	625	97,923
1996	499	7,247	627	101,333
1997	470	6,757	659	108,600
Annual average, 1993-1997	498	7,203	609	100,650
1998	414	6,539	629	108,762
1999	374	5,789	574	110,759
Annual Average, 1998-1999	394	6,164	602	109,761
UTILIZATION RATE (services per 1,000, age/sex standardized)				
1993	31.8	31.6	26.5	27.4
1994	27.3	28.7	26.5	26.5
1995	24.4	26.2	27.6	25.9
1996	25.6	26.4	26.5	26.1
1997	24.0	24.1	27.5	27.4
Annual average, 1993-1997	26.6	27.4	26.9	26.7
1998	21.4	23.8	26.6	27.1
1999	19.8	21.7	25.0	27.4
Annual Average, 1998-1999	20.6	22.8	25.8	27.3

Notes:

Data for each year is from Nov 1 of previous year to Oct 31 of current (labeled) year.

Source: Professional Support Branch, Medical Services Plan, March 2000.

ICD-9 Codes used to Define Time-limited Acute Symptoms (TLAS)

	Healthwise*		MSP/CHR Self Care Pilot Project	
	Diagnosis	ICD9 Code(s)	ICD9Code(s)	Diagnosis (if different from Healthwise)
1	Asthma	493	493	
2	Backaches	307.89	307	Special symptoms or syndromes, not elsewhere classified
		724.2, 724.3, 724.5	724	Other back
		847	847	
3	Burns	941.0, 941.1	941	Burns (1st, 2nd & 3rd degree)
	(1st & 2nd degree)	942.0, 942.1, 942.2	942	
		943.0, 943.1, 943.2	943	
		944.0, 944.1, 944.2	944	
		945.0, 945.1, 945.2	945	
		946.0, 946.1, 946.2	946	
		949.0, 949.1, 949.2	949	
4	Chest pain	306.1, 306.2	306	Physiological malfunction arising from mental factors
		786.1, 786.2	786	Symptoms involving respiratory system & other symptoms
5	Common cold	034	034	
		460-462	460-462	
		464, 465	464, 465	
6	Constipation	564.0, 564.1, 564.5, 564.9	564	Functional digestive disorders, not elsewhere classified
7	Coughs (overlaps with	786.1, 786.2	786	Symptoms involving respiratory system & other symptoms
		786.4		Abnormal sputum
8	Cuts, scrapes, punctures	920-924	920-924	
9	Diarrhea	008.6, 008.8	008	Intestinal infections due to other organisms
		306.4	306	Physiological malfunction arising from mental factors
		558.9	558	Other noninfectious gastroenteritis and colitis
10	Earache	380.10, 380.13	380	Disorders of external ear
		381.0, 381.4,381.5 381.51, 381.6	381	Nonsuppurative otitis media and Eustachian tube
		388.7, 388.9	388	Other disorders of ear
11	Flatulence (gas)	787.3	787	Symptoms involving digestive system
12	Flu	487.1	487	Influenza (including pneumonia and/or other
13	Headaches	346	346	Migraine
		307.81	307	Special symptoms or syndromes, not elsewhere classified
		784.0	784	Symptoms involving head and
14	Laryngitis (overlaps with	464	464	
15	Nosebleeds	784.7	784	Symptoms involving head and neck
16	Shoulder and neck pain (overlaps with # 21)	840	840	
17	Sinus problems (overlaps with # 5)	461	461	
18	Skin rashes	690-692	690-692	
19	Sore throat (overlaps with	034	034	
		462	462	
20	Strains and sprains (including sports injuries)	840-842 844-848	840-842 844-848	
21	Vomiting and nausea	787.0, 787.1, 787.5, 787.9	787	Symptoms involving digestive system

*Source: list provided through the Department of Public Health and Preventative Medicine of athe Oregon Health Sciences University, which conducted the evaluation for the Healthwise Communities project of Boise, Idaho.

Date

YY MM DD

Health Issue:

Did you find information or get assistance from other sources?

☐ NO ☐ YES

What did you do first?

What did you do next?

What did you do to resolve your health issue?

Did you use the *Healthwise Handbook* to read about your health issue?

☐ YES If yes, what did you think about the information you found?

☐ NO If no, what did you do instead?

Overall, how do you feel about your ability to handle your health issue?

Did you call the *Health Support Line* to talk about your health issue?

☐ YES If yes, what did you think about the information you received?

☐ NO If no, what did you do instead?

Other comments

APPENDIX C: Partnerships for Better Health – Mailout Survey

Instructions: Please check (√) the appropriate box to indicate your answer. Feel free to write comments on the lines provided on the back page.

1. **When you or someone in your family has a health or medical problem, where do you seek information?** *Choose an answer from "Always" to "Never" for each information source.*

	Always	Often	Sometimes	Rarely	Never
A nurse	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
A book or reference materials on medicine or health	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
A book or reference materials on natural, alternative or complementary treatments	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
A family member or friend	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Computer program or on-line services on health	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
A pharmacist	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Health columns in newspapers, magazines, etc	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Health reports on television or radio	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
A physician	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
A practitioner of alternative or complementary treatments	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

Anywhere else? _____

2a. **Below is a list of common health problems. Did you or any household member have these health problems in the last 6 months?**
For any you choose "Yes", go to Q. 2b.

►2.b **For each health problem you or a household member had, indicate how it was treated:**

	Yes	No	Treated after talking to family physician	Treated after talking to other health care professional	Treated by self without talking to a health provider
Sore throat	❑ 1	❑ 2	❑ 1	❑ 2	❑ 3
Sinus infection					
Low back pain	❑ 1	❑ 2	❑ 1	❑ 2	❑ 3
Ear infection					
Flu	❑ 1	❑ 2	❑ 1	❑ 2	❑ 3
Cuts	❑ 1	❑ 2	❑ 1	❑ 2	❑ 3
Sprains	❑ 1	❑ 2	❑ 1	❑ 2	❑ 3
Urinary tract infection	❑ 1	❑ 2	❑ 1	❑ 2	❑ 3

3. **How many times in the past 6 months have you and household members visited the doctor at the office?**
Total number of visits of all household members _____.

5. **When you visit your family physician, how often:**

	Always	Often	Sometimes	Rarely	Never
Do you prepare a written list of questions or information for the doctor?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Do you understand your doctor's explanations?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Do you ask the doctor questions if you do not understand something he or she has told you?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Do you tell the doctor when you disagree with his/her advice?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Do you feel that the doctor has listened to you?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Do you feel like your doctor makes the decisions for you about your care?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

6. **Which of the two statements below best describes how you feel?** *Check one box only.*

I am satisfied with the quality of communication I have with my health providers. ❑ 1

I would like to improve the quality of communication I have with my health providers. ❑ 2

7. **Some people believe that it is always best to get the opinion of a health professional, such as a doctor, nurse or pharmacist for any kind of health problem, even a minor one. Other people believe that they can manage most of their own health and minor medical problems themselves. Which best describes you?**

In general, I believe it is always best to get the opinion of a health professional. ❑ 1

In general, I believe I can manage most of my health and minor medical problems myself. ❑ 2

8. **Do you agree or disagree with the following statements?**

	Always	Often	Sometimes	Rarely	Never
It is difficult to judge when a health problem could be dealt with at home or when a visit to the doctor is called for.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
I think that only trained health professionals are qualified to make decisions about my health.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
I would like to improve my ability to make well-informed decisions about my health.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
It is risky to treat common, minor medical problems at home.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
I would like to take a more active role in my ownor my family's health care.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
I prefer to phone or visit the doctor when I get sick.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

I would make fewer visits to the doctor if I knew more about managing my own or my family's health care. ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

9. How confident are you in your ability to handle each of the following situations on your own until medical attention, if needed, is available?

	Very confident	Some-what confident	Neutral	Not very confident	Not at all confident
You have a 2 inch cut across the lower part of your arm.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
During a walk or hike, your friend feels sick and is dizzy and pale, with cool and clammy skin.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
You smash your fingernail with a hammer.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
You fall and your wrist is swollen and very bruised looking.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Your 2-year-old child or grandchild has a runny nose, is pulling his/her ear and is complaining.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
After gardening yesterday, you wake up with back pain.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

10. Have you ever used natural, alternative or complementary medicine, such as herbs, acupuncture, hypnosis, naturopathy, massage, etc.?

Yes ❑ 1 No ❑ 2 Not sure ❑ 3

11a. At this time, does your household have a copy of the Healthwise Handbook? This book has information on how to keep healthy and treat common, minor medical problems.

Yes ❑ 1 Go to Q.12No ❑ 2 Go to Q.11b Not sure ❑ 3 Go to Q.14

11b. Did your household ever have a copy of the Healthwise Handbook?

Yes ❑ 1 Go to Q.12 No ❑ 2 Go to Q.14 Not sure ❑ 3 Go to Q.14

12. Have you or anyone in your family read any of the Healthwise Handbook?

Yes ❑ 1 Go to Q.13 No ❑ 2 Go to Q.14 Not sure ❑ 3 Go to Q.14

13. How useful has the Healthwise Handbook been in helping you keep healthy and treat common, minor medical problems at home?

Very Useful	Moderately useful	Somewhat useful	Not very useful	Not at all useful
❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

14. Do you have any other book or reference materials in your home with information on how to keep healthy and treat common, minor medical problems?

Yes ❑ 1 No ❑ 2 Not sure ❑ 3

15. Do you know about the telephone Health Support Line that you can call to talk to a specially trained registered nurse?

Yes ❑ 1 Go to Q.16 No ❑ 2 Go to Q.18 Not sure ❑ 3 Go to Q.18

16. Have you used this line?

Yes ❑ 1 No ❑ 2 Not sure ❑ 3

17. Has anyone else in your household used the Health Support Line?

Yes ❑ 1 No ❑ 2 Not sure ❑ 3

18. At this time, do you feel you have enough information on how to keep healthy?

I feel:	very well	moderately	somewhat	not very well	not at all
Informed	informed	informed	informed	informed	informed
	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

19. At this time, do you feel you have enough information on how to treat common, minor medical problems at home?

I feel:	very well	moderately	somewhat	not very well	not at all
	informed	informed	informed	informed	Informed
	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

Please provide the following information so that your answers can be grouped for analysis.

20. Are you:

Female ❑ 1 Male ❑ 2

21. Your age:

under 18 years	❑ 1	45 to 54 years	❑ 5
18 to 24 years	❑ 2	55 to 64 years	❑ 6
25 to 34 years	❑ 3	65 to 74 years	❑ 7
35 to 44 years	❑ 4	75 or older	❑ 8

22. Counting yourself, how many persons age 18 or older live in your household? _____

23. How many persons age 17 or younger live in your household? _____

24. Do you have a chronic condition for which you have to visit a health professional on a regular basis?

Yes ❑ 1 No ❑ 2 Not sure ❑ 3

25. If yes, what is this chronic condition? _____

If you have any comments or suggestions that you would like to share with us, please use the space below.

_____

_____

Thank you very much for your help with this survey. Please return your questionnaire in the enclosed, postage paid envelope as soon as possible We need to receive your questionnaire by December 18th, 1998.

If you have misplaced your return envelope, mail your questionnaire to Points of View Research, 1210 -409 Granville Street, Vancouver, B.C. .V6 1T2, or phone for another envelope, toll-free at 1-888-321-2562.

APPENDIX D: June 1999 Telephone Survey

GLOBAL ID: _____ Q ID: _____

Phone Number: _____ Date: _____

Hello, may I speak to **NAME ON LIST**. My name is _____, from Points of View Research on behalf of the Medical Services Plan and the Capital Health Region. We are calling back participants for a brief survey on the selfcare project called Partnerships for Better Health. Any information you give during your interview will be confidential, and your name will not be attached to your responses. You do not have to answer any questions that make you uncomfortable.

IF NECESSARY, Project participants are people who received the Healthwise Handbook in the mail from the Partnerships for Better Health Project.

Do you have a few minutes now to talk to me? (The survey takes 10 to 15 minutes.)
IF YES, CONTINUE
IF NO, MAKE APPOINTMENT TO CALL BACK

In November 1997, a book was mailed to many residents of the Capital Health Region. The book is called the Healthwise Handbook, and it contains information on how to keep healthy and how to treat minor medical problems.

1a. Do you remember receiving the Healthwise Handbook?

Yes 1 No 2 **GO TO Q.2a**

1b. Have you used or read any of the Healthwise Handbook?

Yes 1 **GO TO Q. 1e** No 2

1c. Has anyone else in your household used or read any of the Healthwise Handbook?

Yes 1 No/NOT APPLICABLE 2 **GO TO Q.2a**

IF YES, Is this person 18 years or older? **IF YES, CONTINUE. IF NO, GO TO Q.2a**

1d. May I speak to someone in your household who has used or read any of the Healthwise Handbook?

Yes 1 No/NOT APPLICABLE 2 **GO TO Q.2a**

IF YES AND NEW RESPONDENT IS NOT HOME MAKE APPOINTMENT FOR CALL BACK.

1e. Please tell me how you used the Healthwise Handbook. **PROBE FOR SPECIFIC EXAMPLES, DETAILS, AND WHAT THEY READ ABOUT.**

_____

_____

_____

1f. In what ways, if any, have you found the Handbook helpful?
PROBE FOR DETAILS. PROBE WITH: What are some examples of where it was helpful? **IF BROWSED THE BOOK, ASK:** Do you feel better informed?

1g. In what ways, if any, was the Handbook not helpful? **PROBE FOR SPECIFIC EXAMPLES. PROBE WITH:** Why didn?t you find the Handbook helpful?

1h. **IF HAS HEALTH ISSUE IN Q.1e**, When you had the problem/question/concern (REFERRING TO SPECIFIC EXAMPLE IN Q.1e), what did you do to handle it?
PROBE FOR DETAILS, INCLUDING IF THEY DEALT WITH THE ISSUE THEMSELVES OR PHONED OR VISITED THE DOCTOR. REFER TO AND SPECIFY EXAMPLE FROM Q.1e.

BROWSE ONLY 1 **GO TO Q.2a** SPECIFY 2

1i. Overall, how do you feel about the way you handled the health problem/question/concern? **PROBE FOR DETAILS. PROBE FOR SPECIFIC ISSUES RELATED TO UNCERTAINTY, CONFIDENCE.**

_____

_____

_____

2a. Do you know about the telephone Health Support Line that is available to project participants where you can talk to a specially trained registered nurse? **IF RESPONDENT ASKS: THE NUMBER OF THE HEALTH SUPPORT LINE IS 1-888-660-9045.**

Yes 1 No 2 **GO TO Q.3a**

2b. How did you hear about the Health Support Line? **DO NOT READ LIST.**

IN THE NEWSPAPER	
TIMES COLONIST	1
VANCOUVER SUN	2
SAANICH NEWSPAPER	3
WITH THE PACKAGE/HANDBOOK	
BROCHURE SENT TO HOME	4
FRIDGE MAGNET	5
IN THE NEWSLETTER	
ARTICLE	6
STICKER	7
INSERT/REMINDER	8
OTHER (**SPECIFY**) _____	9

2c. Have you used this line?

Yes 1 **GO TO Q.2e** No 2

2d. Has anyone else in your household used the Health Support Line?

Yes 1 No/NOT APPLICABLE 2 **GO TO Q.2j**

2e. Can you give me an example of a concern or question you or someone in your household asked the Health Support Line? **IF NOT SURE, PROBE WITH:** Do you know what the topic was?

Not Sure 1 Yes 2 **SPECIFY, AS MANY AS APPLY.**

_____

_____

_____

_____

2f. In what ways, if any, have you found the Health Support Line helpful? **PROBE FOR DETAILS.**
PROBE WITH: What are some examples of where it was helpful?

_____

_____

_____

_____

2g. In what ways, if any, was the Health Support Line not helpful? **PROBE FOR SPECIFIC EXAMPLES.**
PROBE WITH: Why didn't you find the Health Support Line helpful?

_____

_____

_____

_____

2h. **IF HAS HEALTH ISSUE IN Q.2e,** When you had the problem/question/concern (REFERRING TO SPECIFIC EXAMPLE IN Q.2e), what did you do to handle it?
PROBE FOR DETAILS, INCLUDING IF THEY DEALT WITH THE ISSUE THEMSELVES OR PHONED OR VISITED THE DOCTOR. REFER TO AND SPECIFY EXAMPLE FROM Q.2e.

_____

_____

_____

_____

2i. Overall, how do you feel about the way you handled the problem/question/concern? **PROBE FOR DETAILS, INCLUDING IF THEY DEALT WITH THE ISSUE THEMSELVES OR PHONED OR VISITED THE DOCTOR. PROBE FOR SPECIFIC ISSUES RELATED TO UNCERTAINTY, CONFIDENCE.**

_____

_____

_____

_____

2j. **IF RESPONDENT HAS NOT CALLED THE HEALTH SUPPORT LINE**, Is there a particular reason you have not called the Health Support Line? **"NO" AND "DON'T KNOW" ARE NOT ACCEPTABLE ANSWERS, BUT "I HAVEN'T BEEN SICK AND DON'T HAVE ANY HEALTH RELATED QUESTIONS TO ASK" ARE ACCEPTABLE ANSWERS.**

ALL RESPONDENTS

3a. What are some things you consider before deciding to see a health professional or doctor? **PROBE FOR HOW THE DECISION IS MADE, ESPECIALLY WHAT THE RESPONDENT TAKES INTO CONSIDERATION. PROBE WHETHER THERE ARE OTHERS WHO HELP THEM MAKE DECISIONS OTHER THAN JUST THE PHYSICIAN.**

3b. Have you ever felt that you were not sure what to do or who to call about a health problem or question?

Yes 1 No 2 Don?t know 3

3c. What would help you feel confident in deciding what to do? **PROBE FOR DETAILS AND REALISTIC SUGGESTIONS OF WHAT WOULD HELP THEM.**

IF HAS USED THE HANDBOOK, ASK Q.4a. ALL OTHERS GO TO Q.5a.

4a. Has having the Handbook changed the way you discuss things with your doctor?

Yes 1 No 2 **GO TO Q.5a** Don?t know 3 **GO TO Q.5a**

4b. **IF YES**, How have your discussions with or visits to the doctor changed because of having the Handbook?

IF HAS USED THE HEALTH SUPPORT LINE, ASK Q.5a. ALL OTHERS GO TO Q.6.

5a. Has calling the Health Support Line changed the way you discuss things with your doctor?

Yes 1 No 2 **GO TO Q.6** Don?t know 3 **GO TO Q.6**

5b. **IF YES**, How have your discussions with or visits to the doctor changed because of having used the Health Support Line?

6a. Some people have said that they would not use the Health Support Line but not explained why. Why do you think they would choose not to use the Line?

6b. What could be done to encourage people to use the Line?

7. Research has indicated that some people go to the doctor after their health issue has been fixed either by themselves or their families or walk-in clinics. Why do you think people do this?

8a. **IF HAS USED HANDBOOK AND/OR HEALTH SUPPORT LINE,** Have you experienced any negative effects as a result of using the Health Support Line or the Healthwise Handbook to resolve your health issues using selfcare?

Yes 1 No 2 Don?t know 3

8b. **IF YES**, what happened?

_____

_____

9. If this Partnerships for Better Health selfcare project were to end tomorrow, what effect, if any, would this have?

_____

_____

_____

And now a few questions that will provide a little information about your household. These questions are for research purposes only, and your answers will be anonymous and confidential.

10. **RECORD GENDER FROM SOUND OF VOICE.**

Female	1	Male	2

11. Is your age: **READ LIST**

under 18 years	1	45 to 54 years	5
18 to 24 years	2	55 to 64 years	6
25 to 34 years	3	65 to 74 years	7
35 to 44 years	4	75 or older	8
		REFUSED	9

12. Counting yourself, how many persons age 18 or older live in your household? _____

13. How many persons age 17 or younger live in your household? _____

IF SOMEONE ELSE IN THE HOUSEHOLD WAS INTERVIEWED OTHER THAN THE NAME ON THE CALL RECORD SHEET, ASK FOR THE FIRST NAME OF THE RESPONDENT AND RECORD HERE.

_____

Thank you for your help with this survey.

Acknowledgements

The Evaluation Committee would like to recognize the Steering Committee for their guidance, the Health Support Line nurses for their contribution to the evaluation data the Professional Support Branch staff of the Ministry for all their efforts which contributed directly to the success of the project.